

## TRANSMITTAL FORM

I hereby certify that this correspondence is being transmitted to the United States Patent & Trademark Office via electronic filing (EFS) on the date shown at the bottom of this form:  Signature: <u>/ Debbie Allen /</u> Printed Name: Debbie Allen	First Named Inventor: <b>Rajesh Saini</b>		Docket Number: <b>2001-IP-005484U1P1</b>	
	Application Number: <b>10/736,339</b>		Art Unit: <b>1715</b>	Conf. Number: <b>3700</b>
	Filing Date: <b>December 15, 2003</b>		Examiner: <b>Elena Tsoy Lightfoot</b>	
	Title: <b>On-the-Fly Coating of Acid-Releasing Degradable Material Onto a Particulate</b>			

### ENCLOSURES *(Check all that apply)*

<input type="checkbox"/> Fee Transmittal	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related Papers	<input type="checkbox"/> Appeal Communication
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit / Declaration	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (identified below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Stmt.	<input type="checkbox"/> CD, No. of CD's <span style="border: 1px solid black; padding: 0 10px;">0</span>	
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

I am the <input type="checkbox"/> applicant / inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed <input checked="" type="checkbox"/> attorney or agent of record or acting under 37 CFR 1.34. Registration Number: <u>53,086</u>	Signature <u>/Iona N. Kaiser/</u> <hr/> Printed Name <u>Iona N. Kaiser</u> <hr/> Telephone Number <u>713 653-1724</u> <hr/> Date <u>April 18, 2011</u>
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